

Application Data Sheet

Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CRF:

Title: DEVICE FOR FACILITATING CARDIOPLEGIA
DELIVERY IN PATIENTS WITH AORTIC
INSUFFICIENCY

Attorney Docket Number: UPN-4929

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: n/a

Total Drawing Sheets: 2

Small Entity?: Yes

Latin name:

Variety denomination name:

Petition included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: Howard
Middle Name: C
Family Name: Herrmann
Name Suffix:
City of Residence: Philadelphia
State or Province of Residence: Pennsylvania
Country of Residence: United States of America
Street of mailing address: 732 Springs Road
City of mailing address: Bryn Mawr
State or Province of mailing address: Pennsylvania
Country of mailing address: United States of America
Postal or Zip Code of mailing address: 19010

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: Y
Middle Name: Joseph
Family Name: Woo
Name Suffix:
City of Residence: Lafayette Hill
State or Province of Residence: Pennsylvania
Country of Residence: United States of America
Street of mailing address: 2118 Basswood Drive
City of mailing address: Lafayette Hill
State or Province of mailing address: Pennsylvania
Country of mailing address: United States of America
Postal or Zip Code of mailing address: 19444

Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

**Postal or Zip Code of Mailing
Address:**

Phone number:

Fax number:

Representative Information

Representative Customer No.: 23377

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This is	An application claiming the benefit under 35 USC 119(e)	60/552,342	March 11, 2004

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
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Assignee Information

Assignee name:	The Trustees of the University of Pennsylvania
Street of mailing address:	3160 Chestnut Street, Suite 200
City of mailing address:	Philadelphia
State or Province of mailing address:	Pennsylvania
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	19104-6283